

**RHODE ISLAND DEPARTMENT OF ADMINISTRATION
MUNICIPAL AFFAIRS
ONE CAPITOL HILL
PROVIDENCE, RHODE ISLAND 02908-5873**

In accordance with Section 44-5-2(b) of the General Laws of Rhode Island, as amended, the following information shall be provided within thirty days of final action:

Name of Municipality _____		
Adopted Budget FY 2005		
Expenditures:	\$\$\$	Notes:
1 Education	_____	_____
2 Municipal Services (*) (*) Provide details below	_____	_____
Total General Fund:	_____	_____
Municipal Services (**)		
3 Public Works	_____	_____
4 Police Protection	_____	_____
5 Fire Protection	_____	_____
6 Debt Service	_____	_____
7 Employee Benefits	_____	_____
8 All Other	_____	_____
2 Total - Municipal Services	_____	_____
(**) Exclude employee benefits from department spending.		

Revenues:		
9 Local Property Taxes	_____	_____
10 Local Non-Property	_____	_____
11 Federal	_____	_____
12 State	_____	_____
Total Revenues:	_____	_____

The FY 2005 budget was adopted on _____, 2004

Estimated surplus 6/30/2004* _____

* Unrestricted undesignated fund balance

FY 2005 TAX INFORMATION

LEVIES

Real Estate \$ _____

Commercial \$ _____

Tangibles \$ _____

Motor vehicles \$ _____

Retail/wholesale inventory \$ _____

TAX RATES

Real Estate \$ _____ per \$1000

Commercial \$ _____ per \$1000

Tangibles \$ _____ per \$1000

Motor vehicles \$ _____ per \$1000

Retail/wholesale inventory \$ _____ per \$1000

I hereby certify that the information contained in this report is accurate to the best of my knowledge.

Chief Elected Official

Date

Prepared by: _____

Date

Title: _____

Employee Benefits FY 2005

	\$\$\$	Notes
1 FICA		
2 Medicare		
3 Medical insurance - Active Employees		
4 Medical Insurance - Retirees		
5 Dental Insurance - Active employees		
6 Dental Insurance - Retirees		
7 Life insurance		
8 Pension Contributions		
Municipal		
Fire		
Police		
Other		
8 Pension - Total		
9 Other		
Total Employee Benefits		